



PTO/SB/17 (07-06)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

| | |
|--------------------------------|-----------------------|
| TOTAL AMOUNT OF PAYMENT | (\\$) 1,240.00 |
|--------------------------------|-----------------------|

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/758,600 |
| Filing Date | January 16, 2004 |
| First Named Inventor | Masao HASHIMOTO |
| Examiner Name | K. E. Toth |
| Art Unit | 3735 |
| Attorney Docket No. | 163852020400 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity Fee (\$) | Fee (\$) | Fee Paid (\$) |
|---------------------|---------------------|-----------------|----------------------|------------------------------|-----------------|----------------------|
| - 20 = | x | = | | | | |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|----------------------|---------------------|-----------------|----------------------|
| - 3 = | x | = | |

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

| Fee (\$) | Fee Paid (\$) |
|-----------------|----------------------|
|-----------------|----------------------|

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = | /50 | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...
1252 Extension for response within second month)

790.00

450.00

SUBMITTED BY

| | | | | | |
|-------------------|-------------------|-------------------------------------|--------|-----------|------------------|
| Signature | | Registration No (Attorney/Agent) | 51,683 | Telephone | (703) 760-7796 |
| Name (Print/Type) | Brian N. Fletcher | | | Date | January 29, 2007 |